

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Pregnant Patient	
Policy Number: MNP 19	Standards/Statutes: ARM 37.27.130
Effective Date: 3/29/02	Page 1 of 2

PURPOSE:

To provide appropriate care for a pregnant patient.

POLICY:

A pregnant patient will receive certain care as outlined in this policy to assure added safety for both the patient and her baby.

PROCEDURE:

1. At the time of admission, the nurse will obtain a prenatal history including the expected date of confinement (EDC). If the pregnancy is 12 weeks or more, the nurse will obtain the fetal heart tones.
2. The nurse will assure that a release of information is completed for the patient's OB doctor in the community the patient was referred.
2. Medications issues:
 - A. The Ibuprofen in the standing orders will be discontinued.
 - B. The nurse will ask the physician on call about prenatal vitamins.
 - C. The nurse will write directly on the standing orders that the patient is pregnant, including the EDC, and fax this information to MedManagement.
 - D. The nurse will clearly indicate on the MAR that the patient is pregnant.
 - E. The physician will assess the pregnancy risk of any medication being considered for the patient.
3. The nurse will generate a Pregnancy Flow Sheet. Once a week, the patient's

pregnancy will be assessed by the nurse, which includes urine protein, urine glucose, patient vital signs and FHTs. If there are any abnormal findings, the nurse will report them to the physician on call. This assessment is usually completed each Monday.

4. The nurses will keep in contact with the patient's counselor regarding any special needs the patient may have during the course of treatment. About a week prior to discharge, the dayshift nurse will set up an appointment with the patient's OB doctor on a date immediately following discharge. This will help assure continuity of care regarding the patient prenatal care following treatment. The appointment date needs to be communicated to the patient and to the patient's counselor, and it should be documented on the discharge summary.
5. At the beginning of each month, the night shift nurse will recharge the fetal heart monitor and more often, if necessary.

Revisions:

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March 29, 2002

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May 23, 2002

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Date